



# TRANSMITTAL FORM

Application Serial Number	09/961,026
Filing Date	September 20, 2001
First Named Inventor	Barry McQuain
Group Art Unit	3628
Examiner Name	Sara M. Chandler
Attorney Docket No.	74577.020
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form  <input checked="" type="checkbox"/> Amendment/Response (13 pages) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Copy of Executed Declaration received at the U.S. Patent Office on 2/13/02 (2 pages)
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**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**  
I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 16<sup>th</sup> day of August, 2006.

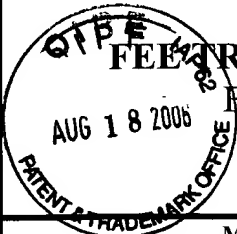
*Kim LaRocca*  
Kim LaRocca

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Respectfully submitted,  
*Todd A. Gerety*  
Date: August 16, 2006  
Reg. No.: 51,729  
Tel. No.: (617) 526-9655  
Fax No.: (617) 526-9899  
Todd A. Gerety  
Attorney for the Applicant(s)  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600

 <b>PTO FEE TRANSMITTAL</b> <b>FY 2006</b>					<i>Complete if Known</i>	
					Application Serial No.	09/961,026
					Docket No.	74577.020
					Filing Date	September 20, 2001
					First Named Inventor	Barry McQuain
					Group No.	3628
Examiner Name	Sara M. Chandler					
Confirmation No.	4659					

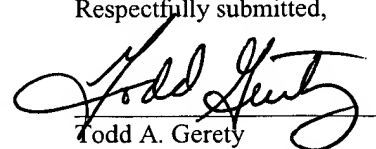
  

<b>METHOD OF PAYMENT</b>					<b>FEE CALCULATION (continued)</b>				
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					<b>4. ADDITIONAL FEES</b>				
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.					<b>Large Entity</b>	<b>Small Entity</b>	<b>Fee Description</b>		<b>Fee Paid</b>
<input type="checkbox"/> Applicant claims small entity status.					Fee (\$)	Fee (\$)			
<b>FEE CALCULATION</b>									
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>									
Application Type	Filing	Search	Examination	Fee Paid					
Utility	300	500	200		130	65	Surcharge - late filing fee or oath		
Design	200	100	130		50	25	Surcharge - late provisional filing fee or cover sheet		
Plant	200	300	160		130	130	Non-English specification		
Reissue	300	500	600		2,520	2,520	Request for ex parte re-examination		
Provisional	200	0	0		120	60	Extension for reply within 1 <sup>st</sup> mo.		
					450	225	Extension for reply within 2 <sup>nd</sup> mo.		
					1,020	510	Extension for reply within 3 <sup>rd</sup> mo.		
					1,590	795	Extension for reply within 4 <sup>th</sup> mo.		
					2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.		
					500	250	Notice of Appeal		
					500	250	Filing a brief in support of an appeal		
					1,000	500	Request for oral hearing		
					400	0	Petitions to the Director		
					180	180	Submission of IDS		
					790	395	Filing a submission after final rejection (37 CFR 1.129(a))		
					790	395	For each additional invention to be examined (37 CFR 1.129(b))		
					100	100	Certificate of Correction for applicant's error		
					130	65	Submission of Terminal Disclaimer		
					Other fee (Specify)				
					Other fee (Specify)				
<b>2. TOTAL:</b>							<b>4. TOTAL:</b>		<b>\$0.00</b>

<b>2. EXCESS CLAIM FEES</b>					<b>TOTAL AMOUNT SUBMITTED</b>				
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.      50      25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.      200      100 Total Claims      Extra Claims      Fee Paid (\$)					<b>\$1200.00</b>				
38 - 20 or HP= 4 x \$50.00 = \$200.00 HP = highest number of total claims paid for, if greater than 20									
Indep. Claims      Extra Claims      Fee Paid (\$)									
8 - 3 or HP= 5 x \$200.00 = \$1000.00 HP = highest number of total claims paid for, if greater than 3									
Multiple Dependent Claims      Fee(\$) 360      180									
<b>2. TOTAL:</b>									

<b>3. APPLICATION SIZE FEE</b>					<b>SIGNATURE BLOCK</b>				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					Respectfully submitted,  Date: August 16, 2006 Reg. No.: 51,729 Tel. No.: (617) 526-9655 Fax No.: (617) 526-9899 Todd A. Gerety Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600				
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid					
		round up to a whole number	x	=					
-100=	0	/50=		0.00					
<b>3. TOTAL:</b>				<b>0.00</b>					
<b>CORRESPONDENCE ADDRESS</b>									
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899									